

**State of Rhode Island and Providence Plantations**  
**DEPARTMENT OF BUSINESS REGULATION**  
*Division of Insurance*  
**233 Richmond Street**  
**Providence, RI 02903**

**INSURANCE REGULATION 70**

**INSURANCE COMPANY LICENSING NOTIFICATION PROGRAM**

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**Section 1**      **Purpose**

The purpose of this Regulation is to establish a procedure whereby insurance producers, agents, brokers, and solicitors licensed in Rhode Island may ascertain whether a company is licensed or approved to do business in this state. This certification program is promulgated in accordance with R.I. Gen. Laws §§ 27-3-49 and 42-14-17.

**Section 2**      **Procedure**

Insurance producers may inquire of the Insurance Division of the Department of Business Regulation during normal business hours by telephonic, written or facsimile communication in form similar to Exhibit A attached to and made a part of this Regulation and receive written confirmation via United States mail service or facsimile that an insurance company is a licensed carrier or an approved surplus lines carrier and whether the insurance company is permitted to transact the proposed line of business. No fee shall be assessed for this procedure.

EFFECTIVE DATE:	August 17, 1993
AMENDED:	None
REFILED:	January 2, 2002

EXHIBIT A

(Agency Letterhead)

Insurance Commissioner  
Department of Business Regulation  
233 Richmond Street  
Providence, RI 02903-4233

Dear Commissioner:

In accordance with Insurance Regulation 70 and R.I. Gen. Laws § 27-3-49, please advise the licensing and authority of:

[INSURANCE COMPANY NAME].

The line of business of the insurance proposed is:

[LINE OF BUSINESS].

Sincerely,

[Agent Requesting Certification]

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The company referenced above is/is not an authorized and licensed insurance carrier and is/is not an approved surplus lines carrier in the State of Rhode Island.

Date of admission or approval of the insurance company was: \_\_\_\_\_ .

The company does/does not possess authority for the above-referenced line of business.

IN WITNESS WHEREOF, I hereunto set  
my hand and affix the official seal of this  
Department this \_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_ .

\_\_\_\_\_  
Insurance Commissioner